hfma briefing

Contributing to the debate on NHS finance
July 2008

E-rostering

Case studies: South Devon Healthcare NHS Foundation Trust, Salford Royal NHS Foundation Trust, Cambridge University Hospitals NHS Foundation Trust, Homerton University Hospital NHS Foundation Trust

Foreword

NHS staff may be the service's greatest resource, but they also provide it with a major headache. Ensuring the right staff are available to meet the demands of a 24/7 service – both in terms of numbers and skill mix – is no easy feat. Getting it wrong could have consequences for patients and standards of care, but there can also be a financial penalty from sub-optimal manning of shifts and rotas.

This is no new challenge. As far back as 1991, the Audit Commission was highlighting the issue in its report *The virtue of patients: making the best use of ward nursing resources*. This pushed acute trusts towards the concept of matching nursing resources to anticipated workloads and to manage pay costs within budget.

I had been involved with this project as a consultant before joining the NHS and not long after I took my first NHS role (some 15 years ago), the Nurse Management Information System (NMIS) was being implemented across the NHS. Again, focusing on that precious nurse resource, NMIS sought to calculate the nursing numbers and skill mix required, based on a series of calculations of ward size, 'take days' (or admissions days), theatre days and morbidity.

In fact, the establishments suggested by the system bore little resemblance to those available and affordable to the hospitals. It struggled to gain acceptance and ward sisters found it simpler to continue working out rosters on paper.

The challenge hasn't gone away, however. Clinical governance remains a priority. And controlling workforce costs – and particularly temporary staff costs – is fundamental in containing overall costs and maximising value for money. What has changed is the technology and support available to managers in drawing up effective and cost efficient rosters.

Increasingly, NHS bodies are seeing e-rostering packages as the solution – providing better rosters, reducing reliance on expensive temporary staffing resources and consuming far less management time. In this briefing we examine the case for e-rostering and focus on a number of trusts that have already seen benefits from the introduction of dedicated rostering systems.

Keith Wood, chairman of HFMA's Financial Management and Research Committee

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Introduction

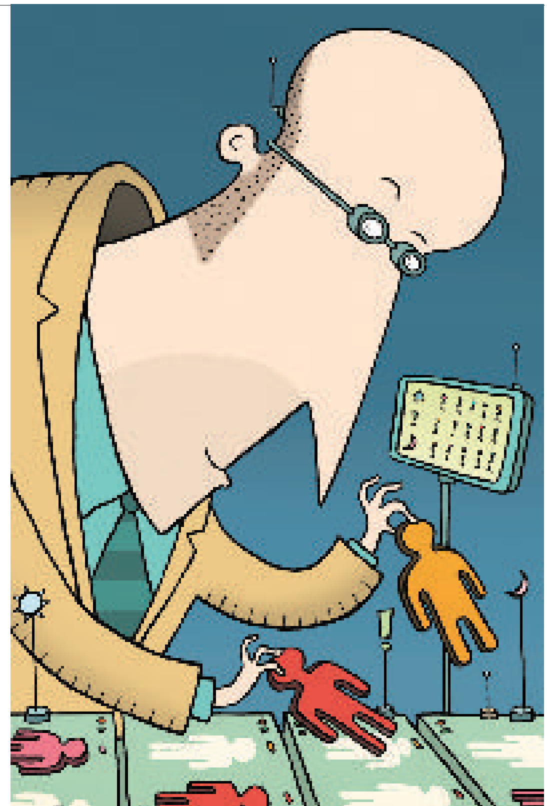


ILLUSTRATION: SPIKE GERRELL

Control over workforce costs, particularly temporary staff costs, is one of the holy grails of NHS management. In recent years permanent staff numbers have increased and temporary staffing costs have fallen as the health service has tried to control bank and agency spending by setting tougher rules. But temporary staff costs remain a significant issue. The key to greater control over staffing costs is to ensure best use is made of existing permanent staff when planning ward rotas or rosters. This can be a daunting task, yet most ward managers create rosters using a paper spreadsheet. The National Audit Office (NAO), and an increasing number of trusts, recognise that this is no longer sustainable and technology must be used to get to grips with temporary staff spending.

In its report on temporary staffing in the NHS in 2006, the NAO found that the NHS had reduced temporary staff expenditure from 10% of total nursing spending in 1999/2000 to 9.4% in 2004/05. While some trusts were spending as little as 5% of their total nursing spending, others spent as much as 29%. It urged trusts to improve these figures by moving to electronic rostering.

The difference between paper and e-rostering is stark. As they begin to put together a roster (typically for four weeks), ward managers will know how many members of staff and the skill mix they will need for each shift. Then they have to take into account absences for sickness, maternity, study and annual leave and working time regulations. An additional layer of complexity is added by NHS flexible working policies and the need to be fair to all staff. No wonder ward managers report that it can take them a day to create one paper roster.

E-rostering offers a quicker and more equitable alternative that should reduce temporary staff costs by making better use of permanent staff. There are several systems on the market, but typically they allow each ward or department to set rules such as nurse numbers, skill mix and temporary staff protocols. Using computers in the ward, or sometimes over the internet from home, nurses can then request particular shifts, which can be accepted or rejected by the ward manager.

Once all the requests have been made, the manager can complete the roster, if necessary by moving nurses to different shifts, and see where temporary staff are needed. The time spent completing the roster is dramatically reduced – in most cases down to a few hours.

Andrea Hester, head of employment services at NHS Employers, says the savings generated depend on each trust's starting point. 'The big benefit in financial terms is the reduction of spending on temporary staff. NHS Employers has not attempted to put a figure on the potential savings as trusts are approaching e-rostering with different levels of control over their temporary staff costs. 'Those with greater control over their agency and bank costs will have less to save than those with less control,' she adds.

Trusts are beginning to put figures on their savings. Clare Edmondson, director of workforce development and human resources at the Royal Berkshire NHS Foundation Trust, which uses the Optimize roster system, says savings through e-rostering have been the single biggest item in its cost efficiency plan this year.

'Optimize has helped us to deliver in excess of a £1m saving on our pay bill, largely in nursing costs, and bearing in mind we only started half way through the year,

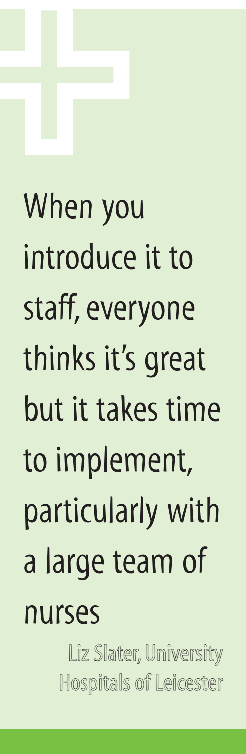
Optimize (left) has helped us to deliver in excess of a £1m saving on our pay bill, largely in nursing costs. It has exceeded our expectations

Clare Edmondson, Royal Berkshire NHSFT

Optimize has undoubtedly exceeded our expectations,' she adds. Tony Ive, managing director of Optimize, claims trusts would save as much as 50% of their temporary staff spending in even the most efficient wards.

When completed, University Hospitals of Leicester NHS Trust (above) will have 6,000 nursing staff on its SMI Staff.Care e-rostering system, though Liz Slater, senior nurse from the trust's department of nursing, admits some wards using it are still working towards using it to its full capability.

'I suggest people play with the system and get used to it before using some of the more exciting capabilities, although some areas of the trust have got to the stage where they are planning their off-duty with the e-rostering system,' she says. 'The system allows for manual manipulation – this is useful as someone may not like working on a Friday, for example, but that's something people tended to traditionally carry around in their heads.'



When you introduce it to staff, everyone thinks it's great but it takes time to implement, particularly with a large team of nurses

Liz Slater, University Hospitals of Leicester

The trust initially installed the system in its anaesthetic directorate and soon found some staff were not working their contracted hours. 'They might have been contracted for 150 hours a month but were working 149. That doesn't sound like a lot but it soon adds up. Potentially, after a year they would owe us a shift. There were other instances where staff were not working their contracted hours because when the hours were calculated the manager didn't do the sums properly.'

The new system allows managers to see more clearly how many hours per week their staff have been rostered for and when staff have booked annual leave. It also allows them to pull off reports, on sickness and absence over the past 12 months, for example, plus other time and attendance reports.

Ms Slater says successful implementation requires a degree of patience. 'Don't do things too quickly and try not to build up people's expectations. When you introduce it to staff, everyone thinks it's great but it takes time to implement, particularly when a ward has a large team of nurses. You also need to get everyone on board, from the directors to the heads of nursing to the healthcare assistants on the ward. It is important that everyone sees the benefits.'

Michael O'Brien, managing director of SMiCare says users can easily configure Staff.Care to their needs, which, as other Staff.Care users have done, allows them to extend the roster beyond nursing staff into allied health professionals, junior doctors, housekeeping and the like.

The company signed a five-year deal with the University Hospitals of Leicester NHS Trust for staff rostering software in January 2007. It is a huge project – the trust is the second biggest in the UK with 12,000 staff. Yet he believes the system's ease of use is the reason why implementation is progressing smoothly. 'It doesn't take much once they've learned the basic principles. The project manager set up the basic interface for the trust within four weeks,' he adds.

E-rostering systems also interface with the new NHS human resources and payroll system, the Electronic Staff Record (ESR), helping ensure payslips are accurate. Manpower Software, which provides its MAPS Healthroster solution to 37 trusts in England and Wales, has checked the accuracy of staff pay and found discrepancies of up to 80%.

'At almost all the trusts we are working with, every staff member is asked to record the enhanced hours they have worked in the last month,' says Manpower Software's head of healthcare Paul Scandrett. 'That can be a laborious process – they have to remember when they worked and then interpret this into what enhancements are due. This has to be checked by the ward manager. But we know when staff have worked and automatically calculate the enhancements and link directly to ESR, passing all the enhanced hours information directly to it, ensuring accuracy is increased.'

The Department of Health's ESR team says that as all NHS organisations have now gone live on ESR, e-rostering is a natural next step and a move it

strongly encourages. It recognised from an early stage that it was important to ensure third party e-rostering systems could communicate with ESR. Three generic interfaces were included as a result. These are:

- Generic Inbound Time and Attendance – enabling third party systems to update the ESR with details of elements to be paid, such as travel and subsistence payments;
- Generic Inbound Absence – allowing third party systems to update the ESR with details of absences;
- Generic Outbound – enabling the passage of details regarding new joiners, leavers and personal details from the ESR to third party systems.

In a statement, the ESR team says: 'Although ESR remains the master human resources and payroll employment record, the interface enables other systems to be kept up to date with amendments. E-rostering is only one of a suite of interfaces that have been, and continue to be, developed. Others include NHS Pensions and the work under way with the Deanery Interface. While we would not wish to describe the e-rostering interface tool as "essential" to making the most of ESR, it is certainly a key component in the full realisation of the many benefits the system offers. It contributes significantly to reducing duplication of data entry.'

The Department has introduced charges for the use of the ESR/ e-rostering interface. This has worried some suppliers but Mr Scandrett says it will be a 'small charge that will just cover their costs' and will not hamper the introduction of e-rostering.

McKesson, the main contractor in the ESR consortium, is also enthusiastic about e-rostering. The company says that, as a result of its experience in the ESR project, it is currently developing a 'best of breed' rostering, time and attendance system specifically for healthcare providers. 'McKesson's rostering, time and attendance solution helps to optimise staff rostering and productivity for effective cost control. Through a combination of automated rostering and self-rostering, employee retention and satisfaction is greatly improved by generating fair and equitable schedules that accommodate individual preferences and skill sets,' it says. 'It is projected that, with McKesson's proven knowledge and expertise in the healthcare sector, coupled with

the expected capabilities of the new solution, NHS organisations could expect to achieve time savings of up to 75% on staff management functions, better control of overtime and agency costs and real-time comparison of budgeted to filled positions.'

NHS trusts and the companies that sell e-rostering packages are quick to point out that the initiative is not solely about saving money. E-rostering can help ensure appropriate and safe staffing levels are maintained on wards at all times.

'The main reason to adopt e-rostering is to manage more effectively the peaks and troughs of your staffing demand and to plan for when you have gaps. It doesn't eliminate totally problems of people not being available – staff will go off work at short notice, for example through illness. But it is effective as a long-term planning tool,' says Ms Hester. 'It streamlines everything. If you are moving from a cumbersome, paper-based system to one that is electronic and connects with payroll and staff records it has to be an improvement.'

There are other, less tangible, benefits, including reduced absence and improved morale. 'E-rostering is about replacing subjective with objective,' Mr Scandrett says. Flexible working makes life difficult for ward managers but the system can put in a framework around how many requests for particular shifts nurses are allowed to have over

> It doesn't eliminate problems of people not being available. But it is effective as a long-term planning tool
>
> Andrea Hester, NHS Employers (left)

a given period. This gives managers the objective means to manage their teams.'

NHS trusts are confident they can make savings through e-rostering because it helps them reduce their spending on temporary staff (through optimising their permanent staff hours and controlling the gateway to the temporary staff bank). One variation on this argument is that using e-rostering as a planning tool can allow trusts to make more use of temporary staff, for example during peak patient demand or by using leaner core establishments and augmenting with flexible pools of experienced staff.

Mr Scandrett believes the focus of e-rostering should not necessarily be on generating efficiency by simply reducing the use of temporary staff. 'Some of the most efficient nursing teams in the world, for example in the United States, have higher percentages of temporary staff. These staff, though, are some of the best qualified and experienced. The core establishments are also leaner than what we might expect in the NHS,' he says.

'Previously, a lot of SHAs have encouraged trusts to reduce temporary staff to a single digit percentage benchmark – whilst there are good reasons for that from a clinical perspective, from a financial point of view it doesn't always make sense. Nursing numbers need to be viewed overall in the context of both permanent and temporary hours aligned with patient demand. As the NHS moves to a margin, rather than cost centred model, this will become crucial for successful financial outcomes.'

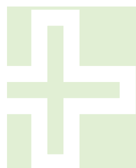
E-rostering can generate savings by using staff time more efficiently, but setting up a roster is not the end of the story. Staff frequently cancel their shifts at short notice, destroying the most carefully prepared rosters and leaving immediate gaps to fill. 'We used to ring round trying to contact staff to cover at short notice, all too frequently having to defer to agencies,' says Mel Murrell, deputy staff bank manager at Swindon and Marlborough NHS Trust. 'Now staff can add their mobile number to a new discrete service and bid for bank shifts online or with pre-set text messages on a web service, what took hours, will now take minutes.'

The 24/7 web service is provided by Available 4 and can be used in acute, PCT, mental health and ambulance trusts. The company says it can allow trusts to share staff with other organisations. Management can search for specific types of staff to fulfil shifts and see at a glance who has posted their availability to be contacted. Searching can be undertaken either online or even direct from a mobile phone if managers are away from the office. The search generates personalised text alerts to staff, who have activated their availability and match the need. The alert automatically embeds the contact name and number for staff to call to take the shift and management then closes the deal by confirmatory text that includes shift details.

'Available 4 is the opposite of mass texting,' says managing director Neil Auty. 'It's an IWL [Improving Working Lives], permission-based staff communication solution. Because staff enter their mobile number discretely, 100% can participate. Available 4 together with the Swindon team are targeting up to 20% saving against agency spend.'

Built into the Available 4 web service at no extra cost, is a facility for patients to bid for day surgery cancellations and providers of community beds to update their daily bed availability.

Whether it is used as a management tool, a vital element of cost reduction or a morale booster, e-rostering has many strings to its bow and the NHS is taking note.



Now staff can add their mobile number to a discrete service and bid for bank shifts online or with pre-set text messages on a web service

Mel Murrell
Swindon and
Marlborough NHSFT

Case study 1: South Devon Healthcare NHS Foundation Trust

South Devon Healthcare NHS Foundation Trust has been in the vanguard of trusts implementing e-rostering, despite the trust's relatively low sickness levels and temporary staff spending.

Paul Crocker, the trust's chief business analyst and head of management accounts, says a number of objectives drove the implementation of its e-rostering system. These included improving clinical governance (by being able to prove the right staff were being employed in the right place) and management reporting. The trusts also wanted to reduce spending on agency staff and making better use of bank staff.

He adds that the trust was aware of challenges created by NHS initiatives, such as extra annual leave within Agenda for Change, together with regulations that affect all employers – the European Working Time Directive, for example. The trust was also adopting increasingly flexible working practices as it implemented Improving Working Lives.

'From a financial perspective, I could see great benefits in implementing an electronic rostering system as the off-duty rosters were often very complicated to decipher. By collecting planned rosters and actual shifts worked we could start to monitor efficiency and help ward managers better plan their rosters and reduce temporary staffing costs,' he says.

Shift data could be used to create an electronic time sheet in order to automate pay and in the longer term he was keen that the electronic time sheet fed into the ESR payroll system. Before the implementation, ward managers prepared nurses' off-duty rotas manually and, as in many other trusts, they would often take a full shift plus some of their leisure time to create.

Mr Crocker speaks of his admiration for ward managers who, without computers, created rotas that met service requirements and matched up to 35 employees' different shift patterns, leave, training, long-term sickness and maternity cover, together with contractual obligations such as annualised hours or term-time contracts.

'At the same time they needed to ensure that the skill mix was within budget, met clinical standards and all relevant employment legislation, as well as planning an efficient roster that met patient safety standards,' he adds.

The trust chose HMT Systems' Rosterpro – it had previously used the company's software to manage its nurse bank. Implementation of Rosterpro began in December 2006, initially introducing the system to 1,200 users including nursing staff on 14 wards and in other clinical areas. This figure also included 600

Implementation of Rosterpro began in December 2006, introducing the system to 1,200 users including nursing staff on 14 wards and in other clinical areas

South Devon Healthcare's Torbay Cardiac Centre (below) found that using Rosterpro has helped boost staff morale

temporary staff registered on the bank management module.

A scoping survey of each ward's staffing and rostering needs was carried out before it moved onto Rosterpro to gather details of skill mix, shift times and individual staff members' working time agreements – such as term time only working. These were then built into the roster template.

Rosters are prepared around four to six weeks in advance and members of staff are given a window to request particular shifts. They can do this via the trust's intranet at computers on their wards. Mr Crocker admits it is not always possible to find a free PC when staff have the time to enter requests, so the trust will soon introduce a new facility allowing them to enter requests from home via their own internet connections.

As well as reacting to requests, the system automatically allocates shifts to use up staff members' available contract hours. If too many nurses ask for a particular shift, the system uses a scoring mechanism to make a decision. Staff surpluses or shortages are automatically highlighted and ward managers can post shortages directly to the trust's bank office for filling. Once filled, they are updated on the roster.

Staff submit requests for annual and study leave to their manager and once approved the manager can enter the details onto the Rosterpro system. Confirmed annual leave and fixed shift arrangements can be entered up to 365 days in advance. Staff can also view their forthcoming shifts, annual leave balance and any forthcoming training and professional registration renewals.

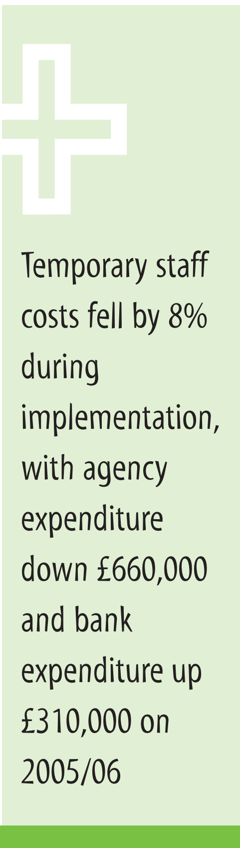
Two IT specialists have averaged a day a week training staff so they are confident with the system. Mr Crocker says the system has helped reduce temporary staffing and total nursing costs, though some wards will need more support to get the most out of the system.

The trust faced a major challenge during the implementation period, with increased annual leave as a result of the introduction of Agenda for Change, together with a rise in vacancies caused by staff turnover and internal reorganisation. As a result requests for temporary staff increased by 15%, but because absences were now better planned, partly as a result of e-rostering, the bank office was able to meet all requests from its list of available staff. Temporary staff costs fell by 8% during the implementation period, with agency expenditure down £660,000 and bank expenditure up £310,000 compared with 2005/06. This left a £350,000 net reduction in temporary staff costs.

'Total nursing expenditure decreased by 1.42%. This is closer to 4.8% in real terms, once pay inflation and incremental drift has been taken into account,' Mr Crocker adds. 'Whilst the total savings might not be totally attributable to Rosterpro, these are impressive statistics and, from a financial perspective, provide strong evidence to continue with the project.'

The trust's executive board has now given the go-ahead for phase two, which will see time and attendance data interfaced with the ESR. This could lead to greater back office savings. The trust is now also collecting time and attendance data from 1,900 staff and could feed this information into ESR in order to pay staff and dispense with time sheets.

Following implementation the trust surveyed ward managers, matrons and staff who were using the system and found most wards reported improvements. Of the 14 wards running the system, four had been successful in achieving the project's objectives, including financial savings on staffing spending, reduced agency use, improved morale and quicker rota preparation. Six reported marginal improvements, though four felt the objectives had not been met – these wards said there was no reduction in staffing costs and no improvements in staff sickness rates.



Temporary staff costs fell by 8% during implementation, with agency expenditure down £660,000 and bank expenditure up £310,000 on 2005/06

Mr Crocker says this sort of feedback is not unusual in IT projects and remains convinced the scheme will be a success. 'We had proved that the system could generate significant benefits on some wards and the wards that struggled with the system could have benefited from more implementation expertise. We are therefore now refocusing efforts on turning these areas around.'

Mr Crocker adds: 'We have learned lessons from the implementation – for example, not to be too ambitious initially with the roll-out and to maintain a consistent level of implementation resources throughout. As well as a full-time project manager, it's important to have significant input from finance, payroll, IT, senior nurse management and recruitment. Some staff are still nervous about IT and so they need additional one-to-one training to boost confidence prior to going live.'

The e-rostering system allows managers to create reports that enable them to use staff efficiently and better monitor sickness, planned annual leave and planned study leave. Mr Crocker says the short-term sickness statistics are more up to date than those available on the ESR.

The trust is developing a management dashboard with HMT to show the cost of rosters against budget in real time, with a traffic light system highlighting any potential overspend. Mr Crocker has also worked with the firm to develop key performance indicators' and matrons' dashboards that give monthly, traffic light reports. These include budgeted performance risk rating, effectiveness of annual leave planning and staff absence (target versus actual). Cost consequence data is available and is based on average costs – however, it will be based on actual costs once the two-way interface with the ESR is up and running.

Sam Elleray, a ward manager at the trust's Torbay Cardiac Centre, says paper-based rostering was stressful and time-consuming.

'I would dread coming into work after the duty went out as I would find a mountain of post-its on my desk from staff who wanted to change shifts or could not do the shifts that were allocated to them,' she says. 'This would be very disheartening considering the rota could take a whole shift [7.5 hours] to complete and I would inevitably take it home to finish.'

The move to Rosterpro has had an immediate, positive effect. 'The rota now takes me only a few hours to complete and I am sure that once I become more fluent with the programme then this time will be reduced. The post-its seem to have vanished from my desk and staff are very positive about their shifts.'

Ms Elleray says that the approach seems fairer. 'Although it is too early to demonstrate whether sickness has reduced, staff are happy with the approach and have more personal responsibility for their duties. It has increased their awareness of the responsibility of covering the unit and has definitely helped to improve morale throughout the staff.'

Mr Crocker adds there have been other benefits, including being able to demonstrate the trust is at the forefront of implementing good working practices at the touch of a button.

As well as its phase two implementation, which will see time and attendance information inputted into ESR, in future the trust is hoping to transfer actual pay data from ESR into Rosterpro to generate fully-costed management reports. Ultimately the system will be extended to all staff.

Staff in the cardiac centre are happy with the approach and have more personal responsibility for their duties

Top tips for trusts considering e-rostering

- **Get the executive board fully engaged from the outset. Ideally, the directors of nursing and HR should be joint project champions.**
- **Set priorities and needs before embarking on the project and make yourself aware of the range of products on offer.**
- **Understand the many benefits available from each rostering software solution provider, identify the parts of the systems that you feel will generate the benefits your organisation requires.**
- **Visit organisations that have successfully implemented rostering systems and learn from their experiences.**
- **Appoint a dedicated project team and manager with input from finance, IT, payroll and recruitment. This should be costed into the business case.**
- **Agree a set of standards before concentrating on the parameters for each ward.**
- **The simpler the shift patterns, the easier the production and management of the system. Prior to implementation, HR needs to undertake a full review of contracts and working practices to maximise the opportunities for automatic shift population.**
- **It may better suit your organisation to purchase only enough licences to pilot in a small area first, monitor progress and fix problems before expanding the project.**
- **Involve counter-fraud and internal audit teams on the project group if you are linking the e-roster to the ESR.**
- **Engage clinical managers and matrons so they support their clinical managers to use the system.**
- **Maintain project documents, such as risk registers and action logs.**
- **Engage staff – some will be nervous about using IT and will need one-to-one support to boost their confidence.**

Case study 2: Salford Royal NHS Foundation Trust

Salford Royal NHS Foundation Trust had two aims when it decided to introduce an e-rostering system in early 2007/08 – it wanted to reduce its temporary staffing costs and to ensure wards had safe levels of staff at all times.

Stephen Kennedy, the trust's deputy director of finance, says it has sought to reduce its spend on temporary staff, particularly nursing staff, for a number of years. 'With agency staff there is a profit component so for every pound spent on agency nurses, 25p, say, is disappearing on paying for something other than the nurses themselves. If you spend £1m, that's £250,000 poured down the drain.

The trust has tried a number of ways of reducing agency spending, including allowing wards to have an establishment that gives them some flexibility and cover for sickness, holiday or study leave. While the tactic helped reduce spending on temporary staff, it did so only up to a point before 'coming to a grinding halt', he adds.

'Savings levelled off for two years or so – we had reduced costs by 20% but then we stuck at that level no matter what we did. We had policies about how and when to bring in temporary staff and what to do when people are on maternity or sick leave but we believed compliance with a number of these polices was patchy,' he says.

The trust's paper-based system did not help. 'It's subjective and nurse managers can apply the rules differently because it's a paper-based system. It is very difficult to be able to make sure you get compliance with policies on an ongoing basis.'

Around 18 months ago the trust began looking into e-rostering, starting with a trial, which was part of a pilot initiated by the strategic health authority (NHS North West). 'We had got to the point where we were thinking we needed to do something about this,' Mr Kennedy says. 'It was not our primary concern but as a finance person I had a desire for us to spend less money.'

In early 2007/08, the trust opted for the SMART rostering system (see page 11), which Mr Kennedy says offered the trust the best value for money.

'There is a related issue about using the Electronic Staff Record (ESR), which went live with us on 1 April 2007,' says Mr Kennedy. 'The generic ESR system does not come with a time and work recording system – that was for us a major failing.'

Trusts in the North West had spent a lot of time putting together a system where ward clerks could directly input work details such as shifts worked and leave taken. It was difficult to countenance moving to a system that did not have these functions.

SMART worked with the ESR central team and McKesson (the main contractor in the consortium delivering ESR) to develop an electronic attendance recording system that was fully integrated within the ESR.

'For us this was a must,' Mr Kennedy adds. 'There were a lot of synergies between SMART's system, the system for recording attendance to the ESR and e-rostering.'

He adds that the trust is working out how much it has saved in financial terms but is confident the benefits are material. He insists savings will not happen in 'a massive blinding flash of light' but occur through strict adherence to protocols. For example, if a nurse hands over to the night shift at 9.15pm, they are paid more because any time worked after 9pm is paid at enhanced rates. They will be paid at a lower rate if protocols are applied and the hand-over occurs at 8.45pm.

The trust set up a project team that assessed rostering policies on each ward and came up with rules on staff numbers and policies on the use of temporary staff.

> The trust set up a project team, which assessed rostering policies on each ward and came up with rules on staff numbers

Brenda Blackett, a former ward sister who is the project manager of the e-rostering implementation, says paper rosters took varying amounts of time to complete. It was time-consuming and rosters were often finished at home.

And while some nurses received notification of their off-duty four weeks in advance, giving them plenty of time to plan their private lives, others were told only a week before the hours were due to be worked. In the latter case this was causing staffing problems as some nurses called in sick when they found they did not have enough notice to arrange their private lives around their work commitments.

'When we did the pilot we found that the time taken to prepare the rosters halved. Also, once the roster was prepared there were always other bits of

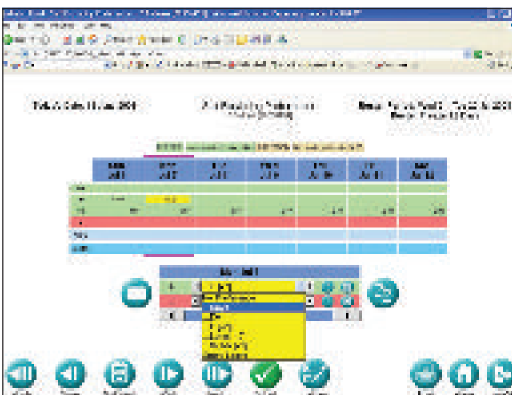
Stephen Kennedy (left) insists savings will not happen in 'a massive blinding flash of light' but occur through strict adherence to protocols

paperwork that had to be completed, such as timesheets. But with it all linked together the time it takes has fallen,' Ms Blackett says.

During the pilot phase, the implementation team undertook Improving Working Lives surveys to get information on shift patterns and the times they worked. This information was used to form a rostering policy, which was launched at the same time as the e-rostering system.

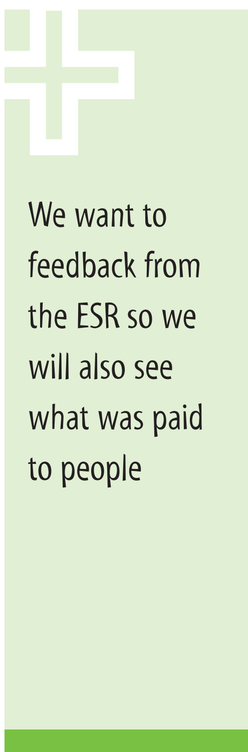
'We didn't look at skill mix and in hindsight it is something we should have done,' says Ms Blackett. 'We took the information from ward managers and implemented the system using that but in the last few months we had to change this and have done a skill mix review.' This was prompted by the information generated by the roster. It brought a lot of things to the forefront,' she continues. 'Some areas were using their staff efficiently and nurses were working all their contracted hours, but in other areas people were not doing so, simply because they were not being exposed to the fact that this was happening.'

The system picked up other anomalies. Nurses generally work four days on and three days off each week. The majority of them work a long day shift (from 7.30am to 9pm) on one day and normal 7.5-hour shifts on the other three days. This adds up to a total of 35 hours and in the past they would make up the 2.5-hour balance on an ad hoc basis by staying on after one of the shorter shifts had finished.



There were two problems with this arrangement – the nurses may not have been making up their hours when they were most needed and there was no way of keeping track of whether the time was being worked.

With the help of the new rostering system, the trust has implemented a new policy, where the 2.5 hours is accumulated and nurses work an extra shift every three weeks. Not only are the nurses working at the most appropriate times but also the trust is potentially avoiding paying for temporary staff by using staff time more efficiently.



We want to feedback from the ESR so we will also see what was paid to people

The trust operates a six-week roster cycle. At the beginning of the cycle, nurses have a week-long opportunity to request particular shifts or annual leave over the trust's intranet. Annual leave can be requested up to a year in advance. The roster is finalised in the following two weeks and then published to staff.

During the finalisation process ward managers can add study days, long-term sickness absences or other reasons for absence such as jury service or secondment.

'The aim is to get 90% of the roster with the system – you're never going to get 100%. You can make changes manually, such as skill mix or to move numbers around, especially if you have a few staff off sick. If there are any holes remaining, you get bank staff in,' says Ms Blackett.

Linking the roster to time sheets, which is scheduled to go live shortly, means that staff will be paid for the time they have worked. Also, if a nurse stays for a couple of hours after their shift has ended, these extra hours can be added to the system, allowing them to take time off in lieu at a later date. These morale-boosting aspects are supported by the system's built-in equity, which ensures no member of staff is favoured over another.

Management information is also improved. 'We have a site coordinator for each shift – a nurse who oversees the hospital,' says Ms Blackett. 'They have access to the system and are able to see areas where there may be more staff than required. They can then move them to areas where more are needed. This is better than bringing in bank staff.'

Though around 90% of nursing staff are now on the system, Mr Kennedy admits implementation took longer than anticipated. 'Some of this was due to us under-estimating what was required to implement the system in the way we wanted it to be. We had to spend time thinking about how people were working, whether it was appropriate and how you staff a place like ITU,' Mr Kennedy adds.

Salford is now examining how it can expand the uses of its e-rostering system. 'We need to close the loop from the ESR,' says Mr Kennedy.

'We have all the inputs through the timesheet system, the rostering system and down into the ESR to generate pay. But from April we want to feed back from the ESR into the e-rostering system, so not only will we be able to see what was rostered but also what was paid to people.'

The trust is also looking at extending e-rostering into its facilities directorate, which includes staff such as porters and domestics. In the longer term it hopes to develop the information from rostering for use in service line reporting and management. 'We aim to be able to see why costs are high in one area, for example,' Mr Kennedy adds.

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Case study 3: Cambridge University Hospitals NHS Foundation Trust

Cambridge University Hospitals NHS Foundation Trust is unusual in that it had an e-rostering system as early as 10 years ago. However, the trust, which runs the Addenbrooke's hospital (above), felt it was not reaping the full benefits. Following a review of rostering across the trust about 18 months ago, it asked assistant director of nursing Lyn McIntyre to audit how nursing staff were rostered, which members of staff completed the roster and the systems used for rostering staff.

The audit highlighted a lack of coherence in rostering policy and found that over the years there had been a loss of confidence in the system used at the time. 'Some ward managers used the old system, some hand wrote their roster and some part used the electronic system. There were different rostering practices and models and different shift patterns,' she says. 'We heard from some staff that the off-duty was not always fair to all staff groups.'

Ms McIntyre took the results to the trusts project board, where it was agreed the old system would be revamped or a new one bought in.

With Ms McIntyre at the helm as project manager, the Cambridge project team decided to make contact with suppliers, including Manpower Software, which offers the MAPS Healthroster electronic rostering system The team felt it was important to get staff signed up to the project so, initially, it ran demonstrations of e-rostering systems for staff who had shown no inclination to use IT, staff who rostered using IT based systems and staff who rostered using manual systems.

'The MAPS Healthroster system stood out somewhat from the competition – staff liked it and felt it was intuitive and liked the company's understanding of the differences and complexities of rostering in different areas of the hospital, whether it be midwifery, A&E or a general ward,' Ms McIntyre says.

At the time, the trust was in the process of reviewing its nursing establishment and skill mix in some areas of the hospital. It was also working on introducing service line reporting and implementing an improved management reporting system. This supported the case for a modern e-rostering system where key performance indicator data could form a core component of performance reporting.

After reporting this feedback to the project board, Ms McIntyre set up a group to implement the MAPS Healthroster system. Initially it carried out a rostering assessment in three areas of the trust, offering a wide selection of practice areas and rosters. For example, it looked at rosters in the emergency department for a month and fed the information into the MAPS Healthroster system.

'We asked, "if we had used this system how would we have rostered differently? How could we have utilised staff better and what savings would have been made?"', she says.

We asked: 'If we had used this system, how would we have rostered differently? How could we have utilised staff better and what savings would have been made?'

The team also carried out a review of its flexible working policies. 'We reviewed long days, for example and staff patterns of work. We then compiled them into a single staff rostering policy in preparation for when we started the project. We also did a lot of background work in the clinical areas identifying staffing levels and skill mix as suggested by the Royal College of Nursing,' adds Ms McIntyre.

This was fed into the 'rules' on the trust's new roster. She continues: 'So, you have generic indicators for all wards – proportion of registered staff, you need staff who could take charge, staff who can give intravenous drugs – but dependent on the area you might need one or two other skills that can be put on the rostering template with the agreement of the ward manager. You can also include things such as shift patterns.'

Implementation began in March last year across all wards and 55 areas are now on the system, with implementation across the trust's theatres being carried out at the same time. The trust's nurse bank moved onto the system last July, covering 2,500 staff.

'We started with nurses because they are the biggest staff group but the plan is to move through all the staff groups,' says Ms McIntyre. 'We are planning to move to rostering allied health professionals and some of the medical staff on the system as the next stage of the project'.

Initially the trust implemented the MAPS Healthroster system in three areas (main implementation across all the wards, theatres and nurse bank) and there was some concern it was taking on too much. However, Ms McIntyre says the quality of the trust's project team pulled it through.

And, when implementation moves to a new area of the trust, a clinician from the team is seconded to that area for a few days. They help get the system up and running by providing on the spot support and advice. 'We have been able to do that because we have trust board support and the resources we need,' she adds.

Training began with a three-day, off-site course for the implementation team staff, which was part of the contract with Manpower Software. The company provided specialist support during implementation – initially this was full-time but they gradually pulled back as the implementation team became more confident with the system. Ward managers received one day of off-site training.

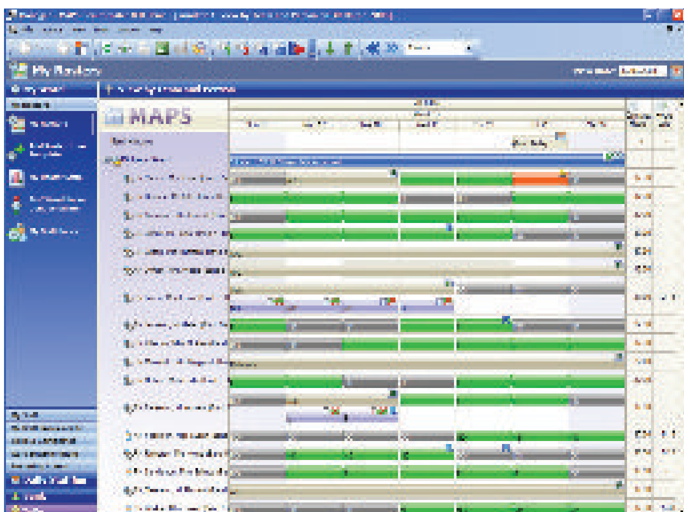
The trust prepares four-week rosters, six weeks in advance. Staff can request shifts via the trust's intranet up to a cut-off point. After this, the ward manager can set the system to create an automatic roster, based on requests, shift patterns and the rules set within the system. A few staff, in specialist areas such as intensive care and high dependency units, are allowed to self roster.

The e-rostering system is also linked to the trust's Electronic Staff Record. The trust went live with 32 ward areas on enhanced hours' payments on ESR from January 2008.

'This has improved the system a lot, particularly with payroll as it now means nurses don't have to keep timesheets. We are implementing it across the bank, ward areas and theatres and staff are reporting their pay is coming through correctly.'

E-rostering has generated financial savings. 'A lot of

We are planning to move to rostering allied health professionals and some of the medical staff on the system as the next stage



We know in some areas sickness has decreased and part of our audit work will be to ask if this is due to improved shifts or because of the links with the bank

our staff are on flexible hours and it's easy to lose a few hours here and there in a paper-based system. But now we can track the hours staff work.

'Integration into the bank is key as bookings for a shift are based around the competencies required – getting the right nurse in the right place,' she says. 'At the very beginning we were quite clear we were looking to review the nursing establishment. We needed to reinvest in some ward areas. Following implementation we have carried out the review in some wards and in some we have increased staffing levels. We believe the project has made financial savings and we are now beginning to do some work on the financial savings we have made.'

The trust has generally been able to fill shifts from its bank, but it wants to look in greater detail at where savings have been generated. This includes reduction in the contracted hours lost through better tracking, together with any falls in absence and turnover of staff.

'We know in some areas sickness has decreased and part of our audit work will be to ask if this is due to improved shifts or because of the links with the bank,' says Ms McIntyre. 'There is a rule that if you are sick you cannot work for the bank for seven days, for example.'

She is confident about savings because the emphasis has been to prevent requests for staff going to agencies by using contracted hours to the full, minimising absences and using the bank where necessary.

Staff have embraced the system too. 'It has improved staff morale, which, in turn, we know will improve the patient experience,' Ms McIntyre adds. 'It has reduced the amount of time spent doing the off-duty, which will allow staff to spend more time clinically with the patients. It has improved the skill mix of the staff on the wards and ensures the right skills are available on certain shifts. Staff are reporting that the off-duty is fair and people are not taking shifts because no-one else wants them.'

The MAPS Healthroster's reporting tools have helped ward managers. It provides reporting tools for ward managers to enable them to do their job, such as sickness reporting, competency update reports, staff request and shifts approved. Staff can find out how many requests they make and the approval percentage using league tables.

A 'Roster Central' screen also allows managers to access a dashboard of key performance indicators and workforce indicators in order to highlight problem areas, monitor improvements and identify trends direct from the roster of each area and across the trust. In an emergency, this would allow a senior manager to examine, at the touch of a button, where key staff were (off-duty etc) and give their contact numbers.

The trust is incorporating this information from the e-rostering system into its service line management reports. Ms McIntyre says: 'We would be using the data from the KPIs as key business indicators to identify what is happening at the patient level; to ask "what does the patient experience look like?" and to improve productivity and performance. If you have a shift where the staffing is low you could drill down and find out why.'

The trust is also looking to develop the roster's training module and is setting up a separate project as part of its emergency planning process. The focus on training aims to understand the skills needed. At Addenbrooke's, the approach is a detailed one. The skills required to operate equipment specific to each unit are being profiled to ensure staff have the right skills when deployed between areas.

That is for the future, but what advice would she give trusts contemplating e-rostering? 'The key tip from us would be to ensure the right team is in place – we have been lucky in the fact that we have a good team of five people – and the support of the trust board. You need to ensure you are communicating with everybody all through the process and manage expectations – once staff saw the system they all wanted to be on it immediately. If it's 10 or 11 months down the line you have to keep them informed and tell them the information you will need so they are ready on day one.'

Case study 4: Homerton University Hospital NHS Foundation Trust

Preparation is key to implementing e-rostering, according to Guy Young, director of nursing and quality at Homerton University Hospital NHS Foundation Trust. The trust implemented Care Systems' CareWare e-roster four years ago and he insists its introduction was built on careful planning and management. 'It's not a software project; it's a change management project. So, with the company, we mapped out all our processes and worked out how we would implement it properly,' he says.

This meant working out the rules for rosters in each ward or department. 'It's not just a case of saying, "here's the product, get on and use it". There's quite a big lead-in time and we engaged individual staff at ward level so they had some influence.'

As CareWare was primarily a US-based product, the trust and company had to learn a little about each other – for example, the roster software had to be amended to take account of the European Working Time Directive. He adds: 'What was so staggering was how many processes there were to get from that blank sheet of paper to the finished roster. Also, these processes differed from ward to ward and department to department. Some had three request books – for annual, study and other types of leave. If the person that knew the system was run over by a bus the whole thing would fall to bits.'

The mapping process threw up other issues. 'Another thing that surprised us at the time was how many people used work-arounds to deal with issues in the roster they should have been dealing with in a different way. For example, where there are two nurses of the same grade, but one has lower competency, ward managers would roster them so one would always be supported, when they should have been dealing with the issue of their performance. We also had reports about nurses who didn't get on – so they were never rostered together, rather than sorting the problem out.'

We were surprised at how many people used work-arounds to deal with issues they should have been dealing with in a different way

The trust began looking at e-rostering almost five years ago as it sought ways to reduce the amount of time ward managers spent compiling off-duty rotas. It received strategic health authority funding to pilot e-rostering with other trusts in the area but the trial, with another supplier's system, did not run smoothly. 'The trial showed all sorts of potential but unfortunately it didn't deliver what was expected. This rather dented people's confidence.'

However, when Care Systems approached the trust with its CareWare software in 2004, it was able to convince the trust that e-rostering had a lot to offer. 'It seemed to be a much more developed product and seemed to have addressed the issues that had come up in our pilot,' Mr Young adds. The system was implemented initially in three areas and once glitches were ironed out, it was rolled out to more around six months later. After another six months the rest of the nurses and midwives moved onto the system. 'It took about a year to implement the system but it would be quicker now the system has been anglicised,' Mr Young says.

Off-duty rosters are posted three to four weeks in advance. Nurses and midwives can request certain shifts via the trust's intranet up to six weeks before they are due to begin. The manager approves or declines the requests and then generates the roster at the push of a button. Staff can immediately see whether their requests have been approved.

The rules on which the roster is based, such as on skill mix and staff numbers, are already set up, though they can be customised by individual managers. Once the roster is posted, staff can swap shifts with colleagues at the same skill level, subject to their manager's approval. Though the rules are set, managers can add greater nuance to the creation of each roster. A manager about to generate a roster will see a slider bar at the top of their screen – if the bar is moved to one extreme the roster will be prepared to ensure all shifts are covered; at the other end, the roster will achieve greater staff satisfaction.

Mr Young says managers are encouraged to experiment with this function. He adds: 'In the early days, the slider was closer to the staff satisfaction end, but now they go more for coverage to deliver perfectly-balanced rosters with all shifts covered.'

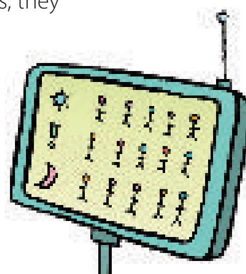
The trust has banned the printing of the complete roster to crack down on wholesale changes to the published roster. Only managers can see the whole roster and individual staff members can see only their duty hours. 'Traditionally, when the paper roster went up people would huddle around it and you'd hear comments like, "I don't want to work with that person" or "I wanted that time off" and then we would see a whole lot of changes as they tried to alter their shifts,' says Mr Young.

All 850 nurses and midwives at the trust, as well as staff in some other departments, use the system.

Sickness management is a challenging area but the trust has found the most accurate information about sickness records is in CareWare

This adds up to around 40% of the total workforce but the trust is looking at extending the roster to its entire staff. 'We bought CareWare as a rostering tool but it is so much more than that. That's why we are looking to roll it out,' Mr Young says. 'Lots of staff work nine to five, Monday to Friday, so you don't need a complex mathematical tool to generate their roster. But the system records all annual leave, sickness and study leave, which allows you to generate useful reports. As yet we are not seeing anything on the Electronic Staff Record that quite matches our local success with CareWare. The trust needs to make a decision on where it wants to go.'

Sickness management, for example, is a challenging area but the trust has found the most accurate information about sickness records is in CareWare. 'One of the drivers for rolling it out to everyone is its reports about sickness. If a person has a day off sick the system will tell you whether they had requested the day off but had been denied, or if it came immediately before or after a weekend,' Mr Young adds. 'A few managers have told me that when they called staff in to confront them about this, they didn't need to say anything to them. They just had to show them the report and then saw the improvement.'



The trust and Care Systems have developed a bank function fully integrated into the e-rostering system. Bank administrators and ward managers see the same screens so when temporary staff fill a shift it goes straight on the system so there is less confusion.

'That's a real benefit we'd like to roll out to all areas – admin and clerical, for example, which uses quite a lot of temporary staff. We have our own admin and clerical bank – because they tend to be drawn from our local community, they are happy to join our bank rather than an agency.'

The trust is co-developing a learning management module into its roster and has developed a link between the roster and ESR payroll. 'We are doing the final testing on the link with payroll, so we should be able to pay people using the system soon. Nurses and midwives tend to do a lot of unsocial hours for which they receive a differential rate of pay. But they have to fill in a paper timesheet that has to be signed off by their manager before it goes off to payroll. Under our plan, a file with all the data will be sent from CareWare to payroll and when we tested it, the information in the rostering system was more accurate than the information on paper timesheets.' These are real benefits but Mr Young adds that the trust has also seen financial savings as a result of e-rostering. 'One first wave site, A&E, spent £80,000 less in temporary staffing over the first year than in the previous year. We were quite clear that this was due to more efficient rostering. We continued to see reductions in bank and agency spend,' he says.

'E-rostering allowed us to identify areas where we had been slipping a bit and it changed practice. With the old, paper-based system, if a ward manager identified a gap in, say, three weeks time they would book a bank nurse to cover that gap. Irrespective of how busy they were when it came to that shift, they would keep that bank nurse. With e-rostering we are able to predict and respond much better to the gaps. Managers aren't automatically filling the gaps – there are fewer gaps anyway as the system is much better at generating rosters and managers know they can fill gaps at short notice if they need to.'

In the first full year after the trust rolled out the system it saw about £1m worth of savings in its temporary staffing. 'We are not seeing year-on-year savings but we're sustaining it at that level. We know we are not wasting money and the board has a level of confidence that we are rostering effectively.'

He admits there was a degree of scepticism when the system was introduced but now nurses and midwives feel confident staffing levels are well balanced. He says a workload estimation tool, which calculates ideal staffing levels and is part of the CareWare system, has been useful. 'We had one ward that always said it didn't have enough staff, so we ran the tool and it found the ward was three staff short. When I took it to the board, it approved the funding for the extra staff because the evidence was so compelling. The ward felt it had been listened to and we saw improved care.'

Mr Young reiterates his advice to any trust contemplating an e-rostering system – ensure it is seen as a change management project, not just as a software implementation. He adds: 'Make sure the vendor will offer you that change management support and you can allocate someone to lead the project. Look around at all the options on the table. Most NHS organisations realise they have to go down this road so there is a lot of competition from vendors. Implementation support and good ongoing customer support are critical.'

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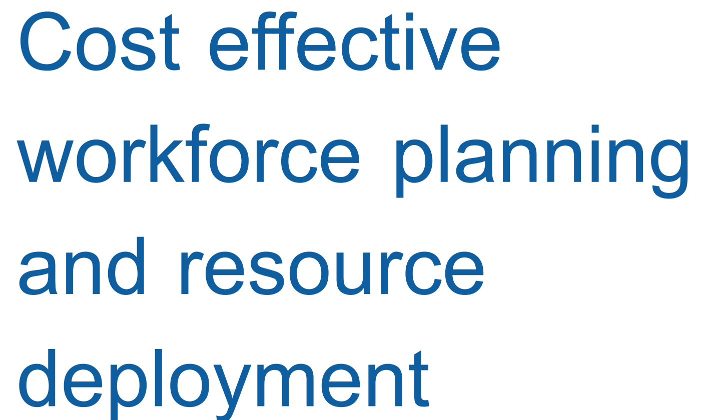

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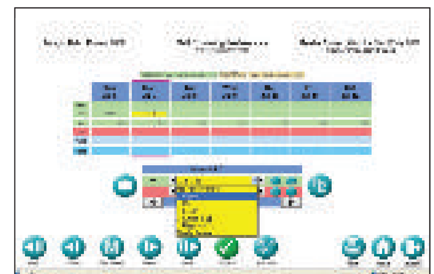

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